

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

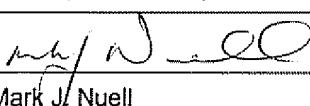
(to be used for all correspondence after initial filing)

| | | | |
|--|----|------------------------|------------------------|
| | | Application Number | 10/789,400-Conf. #5376 |
| | | Filing Date | February 27, 2004 |
| | | First Named Inventor | Peter L. COLLINS |
| | | Art Unit | 1632 |
| | | Examiner Name | S. L. Chen |
| Total Number of Pages in This Submission | 10 | Attorney Docket Number | 1173-1061PUS3 |

ENCLOSURES (Check all that apply)

| | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Reply to Restriction Requirement (7 pages) |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

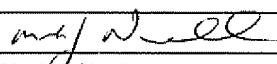
| | | | |
|--------------|---|---------|--------|
| Firm Name | BIRCH, STEWART, KOLASCH & BIRCH, LLP | | |
| Signature |  | | |
| Printed name | Mark J. Nuell | | |
| Date | November 27, 2006 | Reg. No | 36,623 |

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|--|--------------------------|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| FEE TRANSMITTAL For FY 2006 | | Application Number | 10/789,400-Conf. #5376 |
| <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 | | Filing Date | February 27, 2004 |
| TOTAL AMOUNT OF PAYMENT (\$) 120.00 | | First Named Inventor | Peter L. COLLINS |
| | | Examiner Name | S. L. Chen |
| | | Art Unit | 1632 |
| | | Attorney Docket No. | 1173-1061PUS3 |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| METHOD OF PAYMENT (check all that apply) | | | | | | | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | | | | | | | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u> | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | | | | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | | | <input checked="" type="checkbox"/> Credit any overpayments | | | |

| | | | | | | | |
|---|---|---|--|---|---------------------------------|--|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | | | | | | | |
| Each claim over 20 (including Reissues) Fee (\$) Small Entity Fee (\$) 50 25 | | | | | | | |
| Each independent claim over 3 (including Reissues) Fee (\$) Small Entity Fee (\$) 200 100 | | | | | | | |
| Multiple dependent claims Fee (\$) Small Entity Fee (\$) 360 180 | | | | | | | |
| Total Claims <u>57</u> | Extra Claims <u>- 57 = 0</u> | Fee (\$) <u>x</u> | Fee Paid (\$) <u>=</u> | Multiple Dependent Claims Fee (\$) Fee Paid (\$) <u>_____</u> <u>_____</u> | | | |
| HP = highest number of total claims paid for. if greater than 20 | | | | | | | |
| Indep. Claims <u>5</u> | Extra Claims <u>- 5 = 0</u> | Fee (\$) <u>x</u> | Fee Paid (\$) <u>=</u> | Fee (\$) Fee Paid (\$) <u>_____</u> <u>_____</u> | | | |
| HP = highest number of independent claims paid for. if greater than 3 | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets <u>_____</u> | Extra Sheets <u>- 100 = _____</u> | Number of each additional 50 or fraction thereof <u>/50 _____</u> | Fee (\$) <u>(round up to a whole number) x</u> | Fee (\$) <u>=</u> | Fee (\$) <u>_____</u> | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): <u>1251 Extension for response within first month</u> Fees Paid (\$) <u>120.00</u> | | | | | | | |

| | | | | | | | |
|---------------------|---|--|-------------------------------------|-------------------|-----------|----------------|--|
| SUBMITTED BY | | | | | | | |
| Signature |  | | Registration No (Attorney/Agent) | 36,623 | Telephone | (703) 205-8043 | |
| Name (Print/Type) | Mark J. Nuell | | Date | November 27, 2006 | | | |